

**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

EMPLOYEE UNDERSTANDING OF CONFIDENTIALITY*

The Department of Health and Human Services and its employees will protect confidential information including, but not limited to, consumer, employee, and administrative information or issues.

I acknowledge that my supervisor has explained to me the need for safeguarding confidential information to which I have access, whether verbal, written, electronic, or in any other form. This includes electronic information system log-ins and passwords.

I understand that access to and collection, retrieval, or dissemination of any such information, except in the course of and for the purpose of performing my duties, is expressly prohibited. If I am unsure of my authority or responsibility in this regard, I will consult with my supervisor or designee.

I agree to comply with Department policies and procedures in regard to safeguarding confidential information.

I understand that failure to adhere to the department's confidentiality policy and provisions of State and Federal law may result in disciplinary action up to and including dismissal. I also understand that the unauthorized disclosure of confidential information may result in civil or criminal penalties as set out in law.

Printed Employee Name

Printed Supervisor Name

Employee Signature

Date

Supervisor Signature

Date

*All employees of the Department must adhere to its confidentiality policy whether or not they sign the *Employee Understanding of Confidentiality*. Signing this statement of understanding is an acknowledgement that confidentiality has been explained to the employee and does not otherwise abridge any rights of the employee.